

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091435824 | FILING DATE 11-08-99
APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2	1				
3		1			
4	1				
5		1			
6		1			
7		1			
8		1			
9	1				
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50					
TOTAL IND.	15				
TOTAL DEP.	15				
TOTAL CLAIMS	30				

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

BEST AVAILABLE COPY